

# Normality Is A Square Circle Or a Four-Sided Triangle

By Maggie Scarf

*The New York Times*

October 3, 1971, Section SM, Page 16

[Imperfections may exist due to original scan.]

At New York State University's Upstate Medical Center, a mutine diagnostic interview is in progress. The patient, a dowdy woman in her late fifties, had been referred for psychiatric evaluation after complaining persistently of a mysterious "pulling in her head." In a flat voice she unfolds a life story so filled with disaster, loss and sudden death that it seems more the stuff of theater than medicine. From time to time, as she answers the questions of the young resident in psychiatry, she cries briefly; and yet for the most part she speaks in a curiously emotionless tone, as though telling someone else's story. The senior psychiatrist on the case, Dr. Thomas Szasz, sits quietly to one side, jotting on a yellow note pad. There are some 12 students in the consultation room, all juniors in the medical school: their expressions range from slight embarrassment to stern scientific interest.

"Well, what is your diagnosis?" Szasz asks, turning to them after the patient has been escorted from the room. He is a compact, curly-haired man in his early 50's, with a sharply intelligent face; his eyes are bright with mockery. Uncertain, the students look at him without answering.

"Come now," he prods ironically. "You are the doctors and she is the patient, so that means there must be an illness. Otherwise we wouldn't all be here, would we?"

"I think," ventures a young man with a sprouting blond beard, "that she's in a chronic depression."

"Oh, a depression," says the older man, nodding. "And you?" he asks, turning to the next student, whose appearance is almost anachronistically clean-cut. "What do you think?"

"I think that potentially it's a case of involutional melancholia. But for right now, I guess I'd concur in diagnosis of chronic, severe depression."

Szasz looks at him with interest: "And then how would you go about treating this condition?"

There is a pause. "Er ... isn't there a drug called Elavil that's good for depression?"

The psychiatrist blinks several times, parodying extreme amazement: "So you would treat this 'sickness' she's got with drugs?" There are several uncomfortable, uncomprehending laughs from around the room. "But what, exactly, are you treating? Is feeling miserable — and needing someone to talk things over with—a form of medical illness?" Szasz gets to his feet, walks over to a blackboard and picks up piece of chalk.

"I don't understand we're just trying to arrive at a diagnosis," protests the student, his voice confused.

"Of what?" demands Szasz. "Has she got an illness called depression, or has she got a lot of problems and troubles which make her unhappy?" He turns and writes in large block letters: "DEPRESSION." And underneath that: "UNHAPPY HUMAN BEING." "Tell me," he says, facing the class, "does the psychiatric term say more than the simple descriptive phrase? Does it do anything other than turn a 'person' with problems into a 'patient' with a sickness?" He puts down the chalk so hard that cloud of dust rises. There is a low muttering among the students as he returns to his seat.

"But if this woman comes in complaining of a 'pulling in her head,' and we can't give a name to what's wrong with her, how can we go about treating her?" asks someone indignantly.

Szasz turns to him with one of his elaborately astonished expressions: "What do you call 'treatment'? Suppose someone is sad because he's poor and I give him money, and then he feels happy; is that 'treatment'?"

The student hesitates: "Well, yes, in a way."

Szasz laughs. "So then whatever makes a person feel better is 'medical therapy'; the term is infinitely elastic. But then, what isn't medicine?"

The group looks at him as if he were a minister who had suddenly started blaspheming in church: "Are you saying that psychiatry isn't?" asks someone in a voice tart with offense. "And if so, then why should we be wasting four weeks of our time on this service?"

Szasz cocks his head to one side comically: "You're asking me?" he demands. There is a moment's stunned silence; then everyone breaks into roars of laughter. In the wake of it come the questions — angry, confused, belligerent, intrigued. And the problem of diagnosing the patient becomes superceded for a time by Szasz's far more passionate and pressing concern—diagnosing what is wrong with the current practice of psychiatry.

THOMAS SZASZ is a psychiatrist and psychoanalyst in private practice, a professor of psychiatry at the Upstate Medical Center of the State University of New York in Syracuse and probably the most controversial figure in his profession today. For more than a decade he has mounted a virtually single-handed and doggedly persistent attack on the view of mental illness as a "disease" to be "diagnosed" by medically trained psychiatrists, "treated" and, one hopes, "cured." While mental-health organizations have been winning public acceptance of such propositions as "Mental illness is like any other illness," Szasz has infuriated many of his psychiatric colleagues by asserting that it simply does not exist. The concept of mental illness, he insists, is a metaphor run amuck. It is a mythical construct which, in common with most myths, serves covert social purposes. For one thing, it provides "reasons" and "explanations" why an

individual may behave in ways that are different, disturbing, incomprehensible (i.e., because he has a “mental disease”):

The headline above is the way that Dr. Thomas Szasz, psychiatrist and persistent critic of current psychiatric thought and practice, defines his view of a term like “mental health.” At right, Dr. Szasz's portrait more or less in terms of his impossible metaphor. The photographic footnote shows how the composite picture was constructed. For another, it furnishes an acceptable, even humanitarian-appearing mode of controlling such behavior (the distressing person comes to be defined as “ill” and this justifies locking him up in a mental hospital until he is “well”).

And yet, Szasz maintains, there is no such thing as a “sick mind” which can be cured, by medicine, any more than a “sick economy” or a “sick society” can be. While the behavior and problems defined as “mental illness” certainly exist—people do become confused, guilty, excessively anxious, unhappy, unwilling or unable to play the game of social living—but these represent problems in adjusting and communicating or what he terms “problems in living.” They are not disease entities, nor indeed symptoms of any disease.

At present, vast numbers of people in this country are incarcerated in psychiatric hospitals for the care and treatment of their mental disorders: there are about half a million people in mental institutions, 90 per cent of them on an involuntary basis. Nevertheless, according to Dr. Szasz, diagnosis or finding of “mental disease” is an imposed social definition placed upon individuals who are either threatening to the community (the criminal, the deviant), or are disturbing or frightening people around them (the person who claims to “hear God's voice” or to be the Virgin Mary), or who are merely burdensome (old people comprise approximately 40 per cent of the population of American public mental-health hospitals). Calling these people “mentally ill” is, says Szasz, a strategic tagging process facilitating their shipment out of the social order; it is a moral and political, not a medical, act.

Szasz is the author of more than 150 articles and seven books, including “The Myth of Mental Illness,” published in 1961 and now in its 12th hardcover and seventh paperback printing. He is also a witty and moving speaker, whose unusual views — and verbal gymnastics — attract large audiences wherever he lectures. Szasz has been called everything from a crank and a paranoid to a prophet and passionate humanitarian. In reviewing “Law, Liberty and Psychia'try,” Szasz's third book, the late Manfred Guttmacher, an eminent forensic psychiatrist, complained: “A bird that fouls its nest courts criticism. Dr. Szasz doubtless enjoys the contention which he is creating.” Of the most recent Szasz book, “The Manufacture of Madness,” Mr. David J. Vail has said: “There is something in it to offend practically everyone.” Nevertheless, Vail, who is director of mental health programs for the State of Minnesota, concedes in the same article: “Szasz is like dry martinis. Szaszophiles, like dry-martini aficionados, may have their preference as to the potency. But they are hooked, and after that they find it virtually impossible to go back

Szasz has hammered away at virtually every basic assumption of accepted psychiatric thought — and most vehemently at the practice of involuntary therapy. “One of my main concerns,” he

explains, “is trying to make clear the important distinction between voluntary and involuntary psychiatric interventions. I'm wholly in favor of the former, which I'd compare to the religious worship of one's own choosing. I'm unalterably opposed to the latter, which I'd consider similar to forced conversions or inquisitorial practices. You know, at this moment thousands of American citizens are being forced to submit to psychiatric ‘therapies’ against their will: to loss of liberty, to lifelong stigmatization, to extremely toxic drugs like Thorazine, to the brain-damaging assaults of electroshock, and until recently, even to such incredible barbarities as that this is nothing less than a crime against humanity.”

In a quiet, conservative city like Syracuse, the disputatious Szasz, who has appeared on popular television programs such as the Dick Cavett Show, cuts an intriguing figure; he is viewed with some pride, some ambivalence, a bit of nervousness by his colleagues. “You know,” remarks Dr. Donald Oken, chairman of psychiatry at the Upstate Medical Center, “when people hear that I'm head of the department Tom Szasz is in, they can't wait to hear what wild fantastic stories I've got to tell.” Oken, who is in his early 40's, laughs: “You'd have to know Tom personally to realize how ridiculous that idea is. He sounds caustic and polemical in his writing; but he's nothing like that. He's a warm, personable guy —there's absolutely nothing flamboyant about him. He wears a dark gray flannel suit to work every day, all day, every winter. He's conservative person basically.

Oken takes out a cigarette, taps it against the back of his hand: “Tom is a great egoideal for many of the students here; they've taken it for granted, from his writings on individual liberties, that he's an uncompromising radical and wholly anti-Establishment. That's simply not true; he's a passionate believer in rights and freedoms, but also in responsibility, traditional authority, rules, standards. We had a moment of truth recently when the kids initiated a movement to abolish grading and found Szasz squarely against them. He was as shocked as they were; he couldn't understand why they'd expected his backing. ‘Who do they think I am, Robespierre?’ he asked

“But of course the material he's dealing with is controversial,” Oken adds. “They mistake him for zealot who wants to reform everything, not just psychiatry.”

Says another colleague: “Tom is far more reasonable in person than in print. I think he does himself a disservice writing in the antagonistic, inflammatory way that he does. When he starts calling psychiatrists ‘jailers’ and involuntary therapies ‘tortures’;—well, people just stop listening. And that's a shame, because he's making some important points.”

Seated in his office, a long narrow room lined at one side with windows, Szasz is friendly, voluble, erudite. He is dressed in the expected gray suit and a striped tie; his black hair, very faintly tinged with gray, is cut short. “It's absolutely essential,” he says earnestly, “that we look not at what psychiatrists say they do; but at what they actually do. They are not concerned with mental illnesses and their treatments. In practice, they deal with personal, social and ethical problems in living.

“As far as I'm concerned the concept of illness should be restricted to disorders of the body—things like diet betes, organic brain damage, cancer. Because, as the most simple-minded of observations ought to make clear, what is called ‘mentally ill’ is in fact behavior which is disapproved of by the speaker.” Szasz speaks rapidly, his lowpitched voice intense.

“In our society the words ‘good’ and ‘bad’ are swiftly becoming obscured by notions about mental health and mental illness. And what is ‘mental health’ anyway? Ask six different psychiatrists what ‘normal’ means; you'll get six totally different answers. And if you asked me, I'd say normality is either a four-sided triangle or square circle.

“So how do psychiatrists decide who is, and who isn't, ‘healthy’? Well, Disraeli was once asked to define an agreeable gentleman, and he said: ‘A gentleman who agrees with me.’ In the same way, a normal person is one whose beliefs and conduct coincide with those of the examining psychiatrist. If the psychiatrist happens to think that homosexuality or suicidal inclinations are ‘mental illness,’ then by definition that person must be mentally ill. And yet what underlies this ‘scientific diagnosis’ is that the doctor disapproves of homosexuality; that he thinks trying to commit suicide is bad.” Szasz shrugs, pauses. He turns and takes a sip from a steaming cup of tea which sits on a round table next to

“Take the Calley trial for instance,” he resumes. “Why raise the insanity issue in a case like that? Many people seemed to assume that he must have a ‘mental disease’ to have perpetrated such a massacre; but such things have been going on for centuries; they're as old as history. Calley performed a perfectly simple act: murder. It was bad, not mentally ill.”

THE psychiatrist smiles slightly. “We seem to have mystified aggression in the same way that the Victorians mystified sex. Man is a predator; everyone knows that. But after World War II, perhaps in face of the horror of the Nazis, everyone began massively denying that fundamentally we are beasts and that the only things which keep men from murder are moral inhibitions or other people—that is, the sanctions of law. Look, for thousands of years people understood perfectly well why it was that Cain killed Abel. But now, of course, you couldn't have Cain stand trial without an insanity plea. Everybody would insist that he must be crazy because of what he did: He killed his brother!”

“But what,” I inquire, “about cases which appear utterly bizarre; for example, one cited by an English psychiatrist in which a young man killed his mother, cut off her head and cooked it in the oven. Wouldn't you call that mental illness?”

“Why call it that?”

“Because the deed is grotesque. One doesn't understand what the motivations can have been; it's incomprehensible.”

He gives me a pained look: “You've certainly just defined what ‘mental illness’ is. What cannot be comprehended about someone else is ‘mental illness.’ Now I don't know any more than you

do why the man committed such a horrible act—he h'mself is the only one who knows. The explanation that it was because of a 'sickness' seems to satisfy you, to calm your intellectual disquietude. But as far as I'm concerned, it's exactly the same as attributing the 'cause' of his deed to witchcraft.

"The very essence of my work —what I've tried to point out over and over again —is that we have replaced a theological outlook on life with a therapeutic one. Psychiatry in this country is a form of religion. Just as we all recognize that there is a religion called Catholicism with a church in Rome, and a religion called Anglicanism with its church based in England, so we should all realize that there's an American church at the National Institute of Mental Health, and the name of the religion is Mental Health. The cardinals are people like Dr. Karl Menfenger, Judge David Bazelon —all of the evangelists of the mental-health movement and they're pontificating not about how many angels can stand on the head of a pin, but about how many human acts are caused by 'mental diseases' which require 'treat

"I think men like Menninger and Bazelon, who want to raise the question of insanity every time some poor jerk steals \$5 have been unwilling to commit themselves in simple understandable terms about what's good and what's evil. They claim that all crime is sickness and don't want to punish legally; they only want to punish psychiatrically.

"When someone is acquitted by reason of insanity," Szasz adds ironically, "he only gets a nonpunishing punishment; they call it 'treatment' But as most criminals are aware, such an acquittal can result in their being locked up in a madhouse forever. In my opinion, 'treatment,' in a free society, can only be that intervention to which a person submits voluntarily. If he's incarcerated in a hospital that's punishment, no matter what his benefactors may care to call it."

"Then do you believe," ask, "as some experts on law and psychiatry have recently suggested, that the insanity defense should be abolished?"

Szasz smiles disingenuously: "If there is no insanity, how can there be an insanity defense? Of course I think it should be abolished. I think societies should have a limited set of rules about what behavior is permissible, that these should apply to absolutely everybody, and that they should be enforced with savage consistency. No people who are merely 'suspected' of being dangerous or different or potentially antisocial should be committed to mental institutions. AU people who break the law should be punished. But isn't what I'm saying simply—excuse the expression—what 'law and order' is supposed to be about? Punishing lawbreakers? Right now we've got two sets of law and order—legal order and psy

"But don't you think," I ask, "that society has the right and the duty to care for those individuals adjudged to be 'dangerous to themselves or others'?"

The psychiatrist laughs. "I think the idea of 'helping' people by imprisoning them and doing terrible things to them is a religious concept, as the idea of 'saving' witches by torture and burning once was. As far as 'dangerousness to self' is concerned, I believe, as did John Stuart

Mill, that a man's body and soul are his own, not the state's. And furthermore, that each individual has the 'right,' if you will, to do with his body as he pleases—so long as he doesn't harm someone else, or infringe on someone else's right.

"As far as 'dangerousness to others' goes, most psychiatrists working with hospitalized patients would admit this is pure fantasy—like those tales about Jews roasting Christian children and eating them for Passover. Both claims only justify seeking out and persecuting a class of scapegoats. There have in fact been statistical studies made which show that mental patients are much more law-abiding than the normal population. They're de-energized, cut off for the most part, less engaged in the real world. But, of course," Szasz takes a sip of tea, "dangerousness is often issue."

He puts down the cup with a clatter. "Actually, what gets diagnosed as 'mental illness' is usually just behavior that other people don't want to tolerate. Say, for instance, a man goes walking around saying people are laughing at him and talking about him. Well, either those close to him will stand for it, or they'll try to cast him out of the social framework. Let's imagine that he's old and poor—most of those diagnosed 'mentally ill' are—and that his children don't want him. How do they get rid of him? By having him examined, and found to be suffering from 'senile psychosis'—instead of from children who don't want him. Then he'll be thrown into a New York State mental hospital where he'll be locked up and drugged, and have a far shorter life expectancy.

"This is the way that the mentally healthy help the 'sick' person: he receives 'therapy.' And, of course, it disposes of the problem in a rather convenient way."

Szasz, a Hungarian by birth, came to this country when he was 18. He and his family left their home in Budapest in 1938, four years before the Nazi invasion. Szasz had grown up in easy circumstances, in an upper middle-class, nominally Jewish household. His father, who held a degree in law, was the overseer for a number of the vast, almost feudal, estates which persisted in Hungary until the Russian occupation. "The only problem I had as a child," recalls Szasz now, "was that my older brother George was bit of a prodigy—he was a wunderkind. Life was desperate race to keep up

He smiles. "The atmosphere of our household was intellectually very intense, and we were constantly making bets—it was a family rule that you had to put up money

"Szasz has hammered away most vehemently at the practice of involuntary therapy., which he considers 'similar to forced conversions or inquisitorial practices.'" whenever a statement or claim was questioned. Once, when we were in our teens, George dared me to bet that he could memorize Pi to 30 digits in 15 minutes. He won. I couldn't do anything spectacular like that." He laughs. "I had to work harder. I was a plodder."

In 1939, Szasz entered the University of Cincinnati, where his uncle, Otto Szasz, was a professor of mathematics. In two years, he had earned an A.B. with honors in physics; he then

continued on to an M.D., graduating first in his class. After an internship at Harvard, he trained as a psychiatrist at the University of Chicago clinics and, following that, as a psychoanalyst at the Chicago Institute for Psychoanalysis. He graduated at the age of 30 in 1950, and the following year met and married a young social worker, Rosine Loshkajian. In 1956, the couple moved to Syracuse, bringing their two small children; Szasz has been teaching there since.

Last winter, after 19 years of marriage; the Szaszses were quietly divorced. "No one knows exactly what happened," remarks a friend. "Both Tom and Rosine are extremely private people. They didn't offer any explanations; and so everyone has simply accepted the situation for what it is." Their daughters, Margot, 18, and Suzy, 16, have chosen to remain with their father.

The publication, 10 years ago, of "The Myth of Mental Illness" provoked a furious reaction in psychiatric circles and a major cataclysm at the Upstate Medical Center. In the shock waves which followed, the chairman of the psychiatry department resigned and many of Szasz's younger followers were, as he puts it, "purged" from the faculty. Far from being chastised, however, Szasz has mounted an increasingly virulent campaign against many accepted psychiatric practices; he has even questioned the motives and ethics of psychiatrists as a profession. In his 1963 book, "Law, Liberty and Psychiatry," he writes: "Offensive as the analogy may be, I suggest that, quite often, husbands and wives who commit their mates act like the bosses of crime syndicates. They hire henchmen — psychiatrists to dispose of their adversaries." And in a later book, "Ideology and Insanity," he characterized the whole of legal psychiatry and involuntary mental care as a "pseudomedical form of social control."

Addressing the convention of the American Trial Lawyers Association in Miami Beach a year ago, Szasz declared: "More than the practice of any other medical specialty, many psychiatric practices make use of, and indeed rest on, force and fraud," and he went on to suggest that lawyers who succeeded in "freeing" involuntary mental patients ought to bring suit for false imprisonment, seeking heavy damages against the doctors involved.

Curiously enough, such provocative statements no longer arouse widespread reactions (the Miami speech evoked only a few protesting letters); they fall into a well of official silence. No professional colleague has mounted a serious counterattack against Szasz's accusations. Either he is simply ignored or —and this is coming to be far more common—he is conceded privately to be raising some important points.

Szasz, nevertheless, is still often regarded as psychiatry's thorn—a fanatic, troublemaker and extremist. Fellow professionals may agree that he has exposed important problem areas in the field, but they cite with distaste his popularity with groups like the John Birch Society and with odd sects such as Scientology. The Birchers, opposing psychiatry as some sort of Communist conspiracy, are delighted with this psychiatrist who attacks fellow psychiatrists: Szasz's articles have been printed in *The National Review* and are sent out with regular Birch-society mailings. The Scientologists, a quasi-religious society dedicated to salvation through "clearing the mind," have transformed Szasz into one of their spiritual patrons. Last year, when they were in danger



of being outlawed by the South African Government because of their vigorous campaigns against involuntary commitment of the mentally ill, the Scientology group hired him to testify as their psychiatric expert. (The case is still undecided.)

On the other hand, journals of the far left, such as *The Radical Therapist*, are equally favorable to Szasz: many of the writers for that magazine stand solidly behind his position on involuntary hospitalization, and one recently proposed the establishment of an "Insane Liberation Front." One well-known psychiatrist observes: "Szasz's thought has become the meeting place of radical opinion, both from the right and the left."

Says Szasz: "My involvement with these groups is

IF "mental illness is a myth," says Dr. Alan D. Miller, Commissioner of the New York State Department of Mental Hygiene, "then it's a myth that patients all over the world act as if they believe in. If you visit a psychiatric ward anywhere, you'll see similarities in words, gestures, dress. Of course Szasz has a very legitimate point when he suggests that 'mental illness' is by no means unified thing; the phrase is a catch-all and is misleading.

"There are, nevertheless, various categories of mental disturbance and they are quite tangible and real. One of the ways we deduce their presence is that someone starts behaving very differently. Admittedly, a psychiatrist's data may be more impressionistic than that of the internist who can point to a diseased organ. But the fact that you can't X-ray it or dissect it doesn't exclude the existence of an illness.

"Most people who have schizophrenia complain about it. Something funny is happening to them, and it's frightening. They start behaving in ways that make it impossible for them to cope, terrorizing not only those around them, but themselves. I think if we emptied the wards of all of the hospitals in Manhattan tomorrow it would be—cruel. Actually, most of the complaints we receive are not about our having committed someone unjustly; 99 out of 100 are because we've refused to admit a person whom we haven't thought needed hospitalization."

Yet despite wide areas of disagreement, Dr. Miller believes Szasz has played an important role as a reformer. "By taking an extreme position," Miller says, "and even questioning the ethics of people who considered themselves decent, hard-working doctors, he's managed to shock us all into some serious self-examination. That's upsetting; it's painful. But the effect has been to move the entire spectrum of the way people think about involuntary hospitalization. In New York State, for example, we're making a conscious move toward more open hospitals, with patients permitted to come and go freely. We're concentrating short-term hospitalization and trying not to produce new chronic patients. In fact, the population of our public psychiatric hospitals has gone down 40 to 50 per cent in the last decade.

"Also, very largely in response to the kinds of issues Dr. Szasz, among others, has been raising, the state has set up a mental-health information service. This agency gets in touch with every

new patient, voluntary and involuntary, to make sure that he and his family know his legal rights; it continues in touch throughout his stay and serves on his behalf in the courts.”

SINCE psychiatrists are empowered by our mental-hygiene laws to certify people, to detain them and to judge whether or not they are competent to stand trial, they are empowered, as one psychiatrist recently observed, “to condemn or absolve in our own ways.”

Bruce Ennis, a young staff attorney with the New York Civil Liberties Union says:

Scientists and Birchers alike favor Szasz's views “Szasz was early in recognizing this as a clear civilrights issue. He's a social philosopher, and two generations ahead of his time.

“The decision to commit someone usually revolves around a finding of ‘dangerousness to self or others.’ I think it's intellectually dishonest to lock up people who, for example, are suicidal but sane. Our present laws imply that anyone who attempts suicide must be mentally ill. But of course many suicidal people are either just physically sick, or have lost someone they don't want to go on living without, or simply have crummy jobs, horrible lives. They can't by any stretch of the imagination be called

“As far as ‘dangerousness to others’ goes,” continues Ennis, whose present practice is limited to test-case litigation on behalf of involuntarily committed mental patients, “why is it that we're willing to confine people if they're dangerous and insane and not if they're dangerous but sane? We know that 85 per cent of all ex-convicts will commit more crimes in the future, and that ghetto residents and teen-age males are far more likely to commit crime than the average member of the population. We also know, from recent studies, that mental patients are statistically less dangerous than the average guy. So if what we're really worried about is danger, why don't we, first, lock up all former convicts, and then lock all residents, and then why don't we lock up all teen-age males?” He laughs briefly. “Then if we're still worried, we can try mental patients.

“The question Szasz has been asking,” Ennis adds, “is: If a person hasn't broken a law, what right has society to lock him up? What Szasz has done is to make it respectable for lawyers to challenge the myriad psychiatric assumptions that are the foundations of our current mental-hygiene laws.”

Last May, in what might seem like a fresh bid for unpopularity, Szasz put on display at the annual meeting of the American Psychiatric Association a paper entitled “The Ethics of Addiction.” Its argument was that “dangerous” drugs, heroin, for example, should be available to adults in the same mildly regulated manner that alcohol is now, and that other drugs, such as marijuana, ought to be simply sold over the counter like aspirin and cigarettes. The decision to whether to use or take drugs, asserted Szasz, should be a personal choice and an individual responsibility; the state should not respond in any way, either by calling the drug user “sick” and forcing treatment upon him, or by calling him “criminal” and imprisoning him.

“Clearly,” he wrote, “the argument that marijuana—or heroin, or methadone, or morphine—is prohibited because it is addictive or dangerous cannot be supported by facts. For one thing, there are many drugs—from insulin to penicillin—that are neither addictive nor dangerous but are nevertheless prohibited: they can be obtained only through a physician's prescription. For another there are many things—from dynamite to guns—that are much more dangerous than narcotics (especially to others!) but are not prohibited. As everyone knows, it is still possible, in the United States, to walk into a store and walk out with a shotgun. We enjoy this right not because we do not think guns are dangerous, but because we believe even more strongly that civil liberties are precious.”

The reality of our situation, he suggested, is that our society is coming to value medical paternalism more highly than individual freedoms: “Our so-called drug-abuse problem is an integral part of our present social ethic which accepts ‘protections’ and repressions justified by appeals to health similar to those that medieval societies accepted when they were justified by appeals to faith.

“Sooner or later,” he concluded, “we shall have to confront the basic moral and political issues underlying the problem of addiction. In a conflict between the individual and the state, where should the former's autonomy and the latter's right to intervene begin? ... As American citizens, do we, and should we, have the right to take narcotics and other drugs? Further, if we take drugs and conduct ourselves as law-abiding citizens, do we, or should we, have the right to remain unmolested by the Government? Lastly, if we take drugs and break the law, do we, and should we, have the right to be treated as persons accused of crime, rather than as patients

“‘For thousands of years,’ Szasz declares, ‘people understood perfectly well why it was that Cain killed Abel. Now you couldn't have Cain stand trial without an insanity plea.’”

Szasz's paper will soon be reprinted in *Psychiatric News*, the journal of the American Psychiatric Association. Questioning him about the stand he has taken I ask: “Do you really think that the Government should abandon all attempts to protect its citizens, and that anyone should be able to take any drug—even to commit suicide—just as he pleases?”

“No,” answers Szasz, “not as he pleases, but only without harming anyone else. A distinction certainly ought to be made between shooting oneself or blowing oneself up in a crowded airplane. If the latter attempt failed, I would insist that such a person be tried for attempted murder.

“I do think, however, that we should worry less about preventing suicides, and more about preventing homicides. We should worry less about people abusing their bodies by ingesting harmful drugs (the toxic effects of these drugs will be punishment enough) and more about people abusing other people through reckless driving, theft, assault, stigmatization and all of the countless other ways human beings have devised for injuring one another.”

“But don't you think,” I. protest, “that if drugs became freely available to adults in the manner which you suggest, that addiction among children would rise?”

Szasz shakes his head. “I don't know what would happen immediately, but I'm convinced there would be a reasonable adjustment to it, as there has been to alcohol. doubt, personally, that the drugs would be significantly more available to minors: they would only be more visible, and therefore more easily subject to parental control. In other words, the responsibility would be where it belongs: on the parents and their children.

“What do you think would happen if a child brought a bottle of gin into school and got drunk? Do you think the liquor store would be blamed as the pusher? Or would the parents and the child himself be blamed? Practically every home in America has liquor in it; yet you don't hear about that being brought to school. Whereas marijuana, dexedrine and heroin—things they are certainly not finding at home —frequently find their way into the school.”

“But do you think the Government should prohibit nothing?” I persist. “What about such substances as cyclamates, which have been linked to cancer; shouldn't the state remove them from the market by fiat?”

“Absolutely not,” Szasz replies. “No more than cigarettes, which have been linked to lung cancer, or ice cream and butter, which have been linked to coronary artery disease, or alcohol, which has been linked to all kinds of ills, including death on the highway.”

“Do you then believe,” ask, “that the Government should exercise no protective public-health measures, like vaccination and fluoridation of the water?”

Szasz smiles, like a student who has just been asked the very question he is prepared to answer: “The Government should control those things which cannot be controlled by the individual, such as sewage, the level of radioactive waste, the labeling of poisons. In this sense, I suppose I would be against fluoridation of the water, because it imposes on an entire population something which is presumed to be beneficial for only a small proportion of it—that is, growing children. Certainly 70-year-old women don't need it, and God knows what it [words missing] them.

“I've no objection to the Government's advertising fluorides. And let them offer vaccines, as they did with polio. Beyond that, why don't we leave it up to the person himself, what he needs or wants in his own body?

“In other words,” he adds, “let's distinguish between genuine protection by a decent government of an enlightened citizenry — enlightened through warmth-- and the tyrannizing of a cowed, infantilized society by the paternalistic despotism of a corrupt government.” He leans back in his chair confidently.